

Informed consent for genetic examination

I agree to have my sample examined at the Centre for Medical Genetics and Reproductive Medicine GENNET, s.r.o. (hereinafter referred to as the Centre) focusing on:

(fill in the required examination)

From sample:

I am aware that the result of the examination may show a significant increase or decrease in the probability or evidence of the above genetic disease, but it may also be uninformative.

I confirm with my signature that I have read this statement and had the opportunity to ask the doctor questions.

I had sufficient time to understand all the relevant and necessary information. I have properly and calmly considered everything and am aware of the negative or stressful effects of this genetic examination.

My questions were clearly answered to my satisfaction. I declare that I have no further questions. I have understood the statement well and I agree to the tests, which I confirm below with my handwritten signature.

Consent with disclosure of the results of your examination

Consent to storage:

If possible and/or purposeful, my sample will be stored for further examinations to be performed for my benefit and the benefit of my relatives.

If a sample of my biological material is to be stored, I further wish to:

Agree **Disagree**

* with anonymous use of stored biological material in medical research of hereditary diseases.

Agree **Disagree**

* with the fact that I may be contacted again according to the method stated in the medical documentation, in order to consent to the use of my stored biological sample in a specific research project.

I am requesting liquidation

My sample will be disposed of after the genetic laboratory examination has been carried out, with the risk that it will no longer be possible to re-verify the result of the examination in the future, and that the disposal of the sample may lead to a deterioration in the availability of diagnostics for family members. I am aware of the risk that further genetic testing will require a new sample collection and its initial processing, i.e. DNA isolation, which may not be reimbursed by my health insurance, as its repeated performance is necessary only because of my decision to dispose of the current sample and in that case DNA isolation will have to be performed with direct payment according to the currently valid price list of the examining laboratory.

Name and surname of the patient:

Insurance number / date of birth:

Date and signature of the patient:

I confirm that I have instructed the examinee in an appropriate manner as stated above.

Name and surname of the doctor:

Date and signature of the doctor:

